

texas

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WIC

news

Volume 16, Number 2

Portion Size:

*What is a
normal
serving size?*



Special Supplemental Nutrition Program for Women, Infants, and Children

Texas WIC — Modernizing And Streamlining Service Delivery

As we start this new year, it's exciting to see how far the electronic benefits transfer (EBT) initiative has progressed. There's great satisfaction in knowing that full implementation throughout Texas will be realized in the next couple of years. Upon completion of the EBT project, we'll start the redesign of the Texas WIC Information Network (TEXAS WIN).

We began using TEXAS WIN in 1995, when we had between 500,000 and 600,000 participants. TEXAS WIN faithfully supported our mission for 12 years, but the technology has grown obsolete. We need the best tools to provide the absolutely best customer service for our participants.

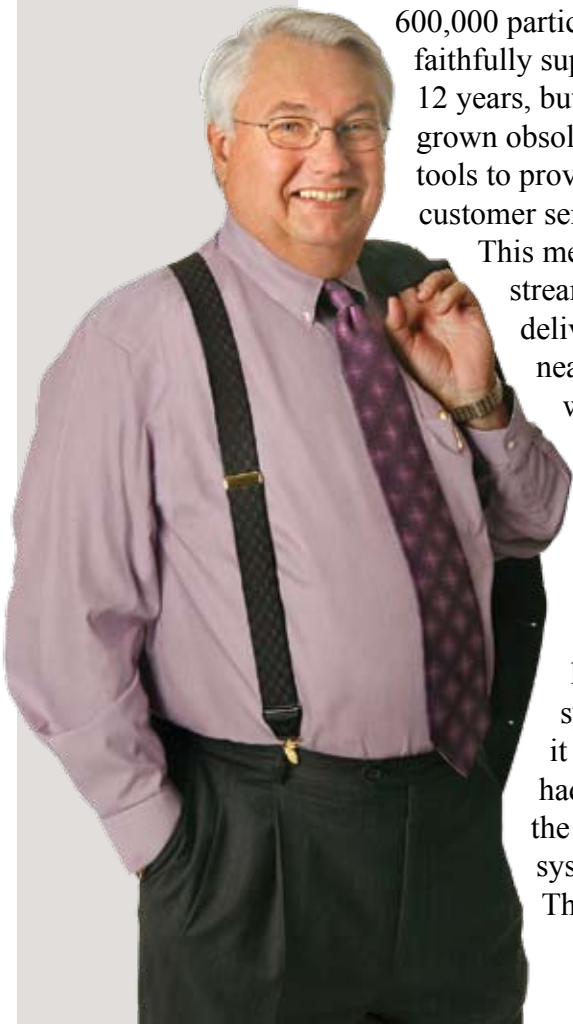
This means modernizing and streamlining our service delivery to better serve the nearly 1.2 million people who come through our doors each year.

We're closely following the progress of USDA's State Agency Model (SAM) projects with the hope of transferring a system to Texas as soon as it is available. We recently had the opportunity to view the SAM project's legacy system in North Dakota. Their WIC staff generously

spent time with us reviewing the capabilities of their system, both the state and clinic components. We experienced first hand the capabilities of the system in the clinics. Patti Fitch, clinic services branch manager, was especially impressed with the automated graphing abilities built into the system. Overall, everyone who went — including Marie Zaczkowski and Linda Fillinger, former and current local agency directors — was very pleased and excited about what a system like this would mean to Texas and the people we serve!

As we work to provide the latest technology designed to enhance our participants' WIC experience, it's only right that this technology also benefit the clinics that make the program happen. We hope to provide a user-friendly, Web-based system with increased functionality and benefits for both the WIC staff person and the participant.

Even though implementation of this new system is a few years down the road, I wanted to take this opportunity to share with you some of the excitement we've been feeling as we start researching and planning this initiative. This system will have a direct impact by streamlining and enhancing your customer service, which will in turn elevate the participant's WIC experience. This system is for you and the meaningful client services you provide.



From the Texas WIC Director - Mike Montgomery



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Portion Size:

the eyes have it!



By Elaine Goodson, M.A., R.D.
Nutrition Education Consultant

One reason for the increasing number of overweight and obese people is the increase in portion sizes.

Restaurants serve larger portions; ready to eat foods come in bigger packages; and even vending machines sell larger packages than before. How much is served really matters.

Eyes Determine the Size — of Waist Lines

You might think people would eat their usual amount of food regardless of how much more they are offered, but people do not work that way. Studies have shown the more people are given, the more they eat. Adults, when offered twice as much of a food one day as another, eat about 30 percent more calories. Children offered twice as much of an entrée will eat 25 percent more of it. It appears that inborn signals for fullness are overridden by the visual cue of the amount on the plate. People eat most of what they see.

This may be especially true for obese people. In an experiment conducted 30 years ago, people were served soup from a trick bowl that slowly filled itself as they ate. Before being told what was happening, both obese and non-obese people ate more from the trick bowls than a regular bowl would hold. When told what was happening, only the normal weight people adjusted their intake. The obese people continued to overeat.

What Can People Do to Help Themselves?

- Understand what is happening. Tell people that portions have increased over the last three decades. Let them know that what they buy in grocery stores, vending machines, and restaurants is more than they need.
- Use the food label. Food labels tell how many servings are in a package. Show people how to check the label and tell them
 - not to eat from the package, but instead to put a serving into a bowl and eat from the bowl, and
 - to divide the contents of a

large package into smaller containers consisting of one serving each.

- In restaurants, suggest getting one entrée for two people or box up half of the meal to take home.
- At family meals, suggest not having serving bowls of food on the table. Serve plates in the kitchen. And tell WIC clients the standard serving sizes that belong on each family member's plate. Serving sizes vary by age.
- Avoid eating in front of the TV. But if someone does, only eat from a bowl or container that has a standard serving.
- Get tempting foods out of sight.
 - Get rid of candy dishes.
 - Put chips, ice cream and

candy high up and out of sight. Put the ice cream in the back of the freezer.

- Make healthy foods easy to get and visible.
 - Carry healthy snacks when running errands or going to work.
 - Put out a fruit bowl.
 - Keep healthy foods at the front of cabinets and the refrigerator.

Reference: Do Increased Portion Sizes Affect How Much We Eat? Research to Practice Series, No.2. May 2006. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, CDC. Atlanta, Georgia.

"Serving size" is the recommended serving size for a food. Food labels state how many servings are in the container as sold.

"Portion size" is the amount of food served. Large portions may have two, three or more servings in them.





Expose Yourself: For More Vitamin D

by Elizabeth Bruns, R.D., L.D.
Training Specialist



Vitamin D, the “sunshine vitamin,” is a non-essential vitamin. It’s non-essential because humans have the ability to make their own vitamin D from exposure to the sun, a process called photobiosynthesis. And yet, vitamin D deficiency, or insufficiency, has increased lately.

As early as the mid 1800s, it was known that sunlight could prevent rickets, the expression of vitamin D deficiency in children. The adult equivalent of rickets is osteomalacia (bad bones). Researchers later discovered that humans have a substance in their skin, a “pre-vitamin D” substance that converts to “active” vitamin D in the presence of sunlight.

Several factors affect photobiosynthesis including skin exposure and the use of sunscreen, skin color, and age. Even latitude and seasonal changes play a part.

Exposure to sunlight is necessary for photobiosynthesis. Going outside is necessary, as well as exposing some skin. The incidence of hypovitaminosis D (a low level of vitamin D in the blood) increases in individuals who

are house or hospital-bound, in children who are kept inside, and in babies who are swaddled in clothing and blankets. The use of sunscreen may also be responsible for the increasing number of cases of vitamin D insufficiency. A sunscreen with an SPF of only 8 can completely block photobiosynthesis. However, sun exposure needs to be sensible.

Skin color makes a difference. The darker a person's skin, the more sun exposure one needs for equivalent photobiosynthesis. A study by Clemens et al (1982) concluded that dark skinned people need about six times the amount of sun exposure than light skinned people to produce equivalent amounts of active vitamin D. A National Health and Nutrition Examination Survey (NHANES) study (1988-1994) reported a 40 percent incidence of hypovitaminosis D in African-American women as compared to a five percent incidence in Caucasian women in the same community. For young, light skinned people, about 10 minutes per day of casual sun exposure on the hands and face is adequate to prevent osteomalacia.

Photobiosynthesis is more active in people who live closer to the equator. As you move further north or south, and especially at the extremes, it decreases proportionately and significantly. Synthesis is greater during the sunny warm summer months and is lesser during the cloudy winter months. Holick et al (1988) reported that infants in Boston, Massachusetts were able to photobiosynthesize from April to October, but not from November to February. The researchers also reported that infants were photobiosynthesizing like crazy in Los Angeles and Puerto Rico from

November to March, but not so with infants in Edmonton, Canada.

To put into perspective the concern over sun exposure and skin cancer, here's the skinny. There are basically two types of skin cancer. One type is the non-lethal squamous and basal cell cancer; the other is melanoma. Chronic and excessive exposure of the sun, and sunburn experiences in youth can lead to the non-lethal skin cancers. Melanoma, the deadly metastasizing skin cancer, is blamed on sun exposure, but most melanomas occur on areas of the skin that are least exposed to sunlight. Sensible sun exposure is not carcinogenic; it's vitamin D-ogenic. Just be sensible.

As with most physical functions, advancing age is not our friend. Photobiosynthesis decreases, becomes less efficient with age. For that reason, reference daily intakes (RDI) doubles for those over 50 years, and triples for those over 70.

The dietary reference intake (DRI) for vitamin D is 200 IU per day for persons under 50 years, 400 IU for those 51-70 years, and 600 IU for those over 70 years. The DRIs assume no photobiosynthesis.

There are few food sources of vitamin D. Fatty fish, liver, egg yolks (28 IU/egg), and fortified milk (100 IU/cup) products are the primary sources. In addition, there's cod liver oil, other fish oils, fortified rice milk, soy milk (40-120 IU/cup) and other fortified soy products. Cereals fortified with vitamin D (40-100 IU/cup) are also a good source.

Vitamin D is present in human milk in small quantities, however levels are unpredictable because of several external factors, such as frequency of sun exposure,

skin color, and geographic area. As a precaution, the American Academy of Pediatrics made a recommendation that all infants receive 200 IU of vitamin D beginning in the first two months of life as a response to the increase in cases of rickets.

There have been documented cases of vitamin D toxicity from the misuse of supplements and from the "over-fortification" of some food products. In Britain, fortification of milk was halted in the 1950s as a result of toxicity issues. It should be noted that in The Dietitian's Guide to Vegetarian Diets, Messina, Messina, and Mangels state "except under ideal circumstances, (photobiosynthesis) by itself should not be viewed as an adequate means of meeting vitamin D needs."

Sources:

Messina, Mark. Virginia Messina. Reed Mangels. 2004. The Dietitian's Guide to Vegetarian Diets, Issues and Applications, 2nd ed. Sudbury, Massachusetts: Jones and Bartlett Publishers

Napoli, Maryann. January 2005. Vitamin D Deficiency: Common Cause of Many Ailments. Center for Medical Consumers. <http://www.medicalconsumers.org/pages/mmonCausesofManyAilments.html>. Last accessed 10/06/2006.

Hanley, David, and Shawn Davison. February 2005. Vitamin D Insufficiency in North America. The Journal of Nutrition. 135: 332-337 (The Journal of the American Society for Nutritional Sciences)

Holick, Michael. 2006. The Resurrection of Vitamin D Deficiency and Rickets. Journal of Clinical Investigation. 116: 2062-2072



1



Operators



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The Many Faces of the Information Response Management (IRM) Group



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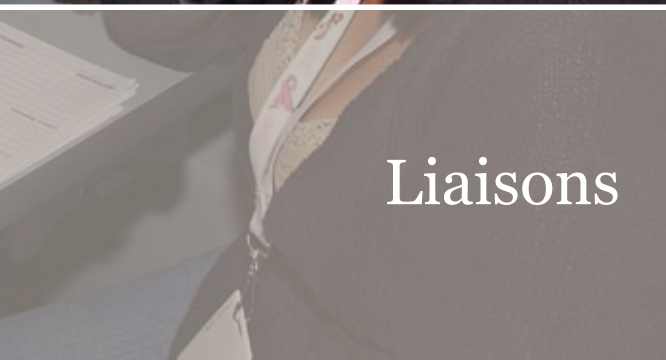
By Rachel Edwards, Manager
Information Response Management Group



7

The Information Response Group (IRM) is a part of the WIC Program that many people don't know much about. It consists of three areas — operators, liaisons, and administrative staff — who respond to inquiries from WIC applicants and participants, clinic staff and the general public by way of the 1(800) line and the WIC Web site.

You've seen the 1 (800) WIC-FORU number on WIC materials and television spots, and you've heard it on the radio. Ever wonder who responds to the 1 (800) WIC-FORU line or what type of calls the state agency receives through this toll-free line?
(continued on page 10)



Liaisons



8

The Information Management Group

Operators — Yadira Quintero (1), Raul Rodriguez (2), Esther Kelly (3), Willard Shaw (4), and Danny Cordova (5)

Administrative — Rachel Edwards, Manager (6)

Liaisons — Irma Perez (7), Lana Klein (8), Linda Menchaca (9), Dinorah Martinez (10)



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10

IRM Group

(continued from page 9)

IRM Operator

The IRM operators provide customer service to the general public, WIC applicants, and WIC participants. They also provide referrals to various organizations. IRM averages 10,000 calls per month with the number of calls increasing each month. During the Summer 2006 media campaign, calls increased to over 14,000.

What are the primary requests received through the 1 (800) line?

- Clinic information – WIC participants calling for their local WIC office phone number or clinic hours (average 4,500 calls per month).
- Referred eligible caller – WIC applicants calling to determine if they qualify for the WIC program (average 4,000 calls per month). Once the operator determines the caller is categorically eligible for WIC, the caller is referred to a local WIC office.
- Electronic Benefits Transfer (EBT) – These calls are mainly WIC participants calling to report their EBT card as lost or stolen (average 1,000 calls per month).
- Complaints – WIC participant or applicant calling to report a complaint about a WIC clinic, staff person, or qualifications for the WIC Program.
- General WIC information – General public calling to inquire about eligibility for the WIC Program and other programs.

What do the 1 (800) line operators enjoy most about their job? Ask any operator and he or she will tell you that being able to provide referral information to someone in need is a good feeling. The operator can hear the sigh of relief in the caller's voice after providing the information.

When an applicant visits your clinic with an income situation you have never encountered, whom do you call for guidance? After clinic staff has followed their local agency procedures for resolving unique or difficult policy situations, they contact their IRM liaison for additional guidance.

IRM Liaisons

Liaisons for the IRM group are responsible for interpreting WIC policy and providing technical assistance to the local agency, WIC participants, professional staff, general public, WIC applicants, and referral organizations. On average, each liaison responds to approximately 400 calls monthly. What types of calls do the liaisons receive?

Policy Questions:

Custody – Liaisons are not part of Child Protective Services, but sometimes they feel like it. A change in custody triggers questions related to issuance of benefits and eligibility.

Income – These calls include a variety of questions related to income screening, residency, and identification of a WIC applicant.

EBT – These calls consist of questions ranging from issuance

of the WIC Lone Star Card to disabling a damaged card.

General Questions:

Complaints – These are calls received through the 1 (800) line from WIC applicants and participants reporting a complaint against WIC staff, a local agency or any other entity or person the customer may have had difficulty with. The liaison works with staff or agencies to resolve the complaint.

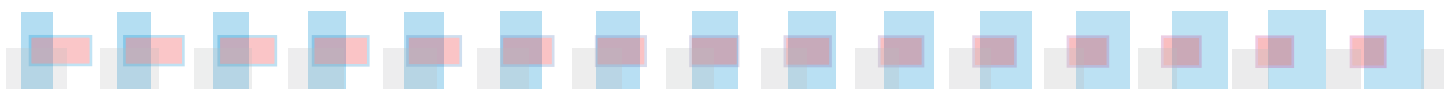
What do the liaisons enjoy most about their job? The liaisons will tell you what they enjoy most is that there is never a dull moment. Calls keep the liaisons busy and the variety of questions keeps them learning.

Who funnels the calls to the appropriate individual?

The administrative assistance for the IRM group is usually the first voice you hear when you call the IRM main line. Our administrative assistant will tell you that she likes staying busy and being able to provide the assistance the caller is requesting. Many days she will have two lines ringing at the same time, but remains cheerful on the phone.

Overall goal of the IRM Group

As you can see, the IRM group is made up of many individuals who are always on the phone assisting callers and resolving situations. The overall goal of the IRM group is to provide quality customer service to each person who calls through the 1 (800) WIC- FORU line or the IRM main line. I'm sure we'll be talking with you soon.





Time Management Tips:

- ✓ Open all mail over a trash or recycling bin can so you can “dump the junk” as you go and place the important mail in an easy to find location.
- ✓ Keep a small notebook at home to write down “to do lists,” phone numbers, important information. Using sticky notes or separate pieces of paper increases your chance of losing them.
- ✓ Take a moment the night before or the next morning to write down everything you need to do for the day. This helps you clear your mind and get organized. Include physical activity on your list.



Bean and Veggie Wraps

4 (6 to 8 inch) fat free flour tortillas
2 cups (5 oz) sliced fresh mushrooms
1 medium onion, cut lengthwise in half, then cut crosswise into thin slices
1 can (15 oz) black beans, drained and rinsed
4 cups fresh spinach leaves
½ cup (2 oz) shredded reduced-fat cheddar cheese

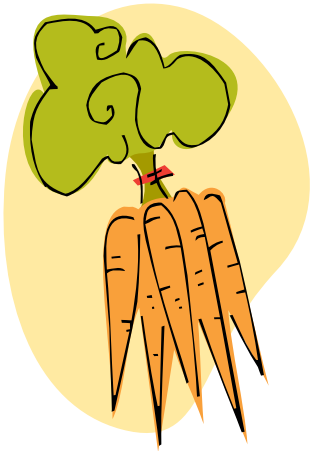
1. Heat tortillas as directed on package.
2. Meanwhile, spray 10-inch skillet with cooking spray; heat over medium heat. Cook mushrooms and onion in skillet about 4 minutes, stir in beans; heat through. Stir in spinach; remove from heat.
3. Divide bean mixture among tortillas and sprinkle with cheese.

NUTRITION INFORMATION: 1 serving: 1 tortilla; calories: 270 (calories from fat: 30); total fat: 3½ g (saturated fat: 1g, trans fat: 0g); cholesterol: 0mg; sodium: 280mg; total carbohydrates: 43g; protein: 16g. Source: <http://www.eatbetteramerican.com>

WIC Wellness Works

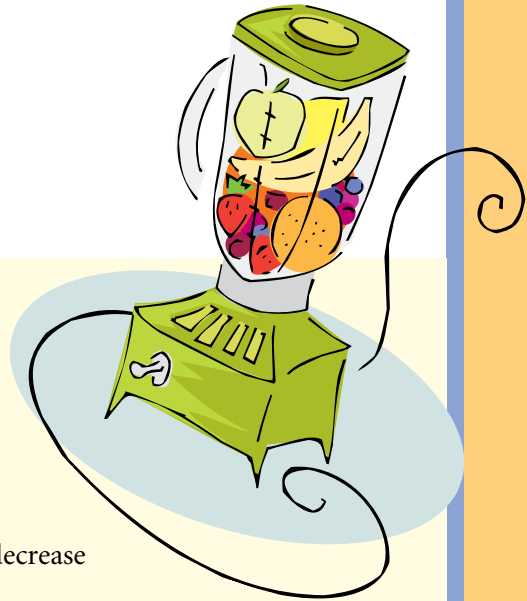
To live a healthier lifestyle, incorporate gradual changes in the food choices you make every day, including what and when to eat. Food plays an important role in our lives, so making better choices can lead to a healthier lifestyle. Use the tips below for healthier options.

Healthier Options – QUICK TIPS



DRINKS:

- If choosing soft drinks, look for those with 'Splenda', also called sucralose.
- $\frac{3}{4}$ cup (6 oz) of juice equals one serving of fruit. Try mixing juice with water or calorie-free seltzer water to decrease calories.
- When moving from whole milk to skim milk, begin by mixing whole milk with 2% milk and gradually increase the amount of 2% milk. Once you are drinking 2% milk, begin the same process with 1% milk and then skim milk. This will make the transition easier.
- Consider calcium fortified soy milk as an alternative. Beware of added sugars in some varieties.



SNACKS:

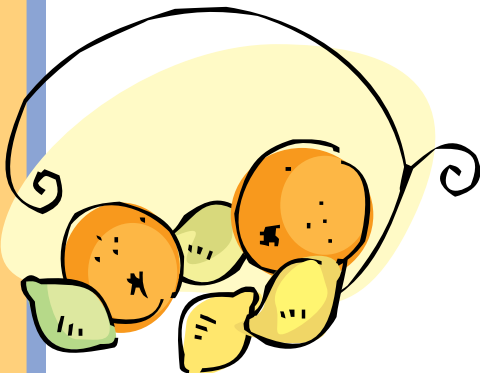
- 100% whole grain crackers can boost your fiber intake and help fight heart disease. Look for crackers with the words "trans fat free."
- When choosing chips, put a handful on your plate and put the rest away (less temptation to eat more).

GRAINS:

- Corn tortillas are lowest in calories and fat.
- Make sure bread packaging reads "100% whole wheat." Mix wheat and white on sandwiches to ease the transition to all wheat.
- Mix whole wheat and white pasta as you transition to whole-wheat pasta (make sure packaging reads "100% whole wheat").
- Mix brown and white rice as you transition to brown rice.

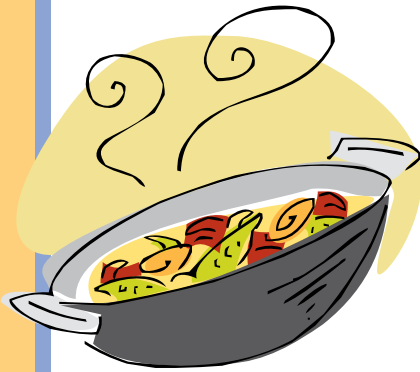
FRUITS AND VEGETABLES:

- Fresh produce has the highest level of nutrients, closely followed by frozen produce. If choosing canned, look for "no added salt" on vegetables, and fruits canned in "light syrup" or "its own juice."





Healthier Options – QUICK TIPS continued



MEAT & EGGS:

- Cuts of meat with “round” or “loin” in the name are the leanest choices.
- Cook eggs with canola oil or cooking spray instead of butter. Use more egg whites than yolks to cut down on calories and fat.

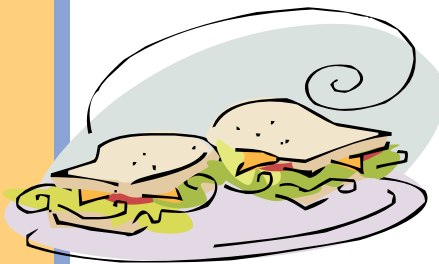
DAIRY PRODUCTS:

- Choosing nonfat plain yogurt and adding your own fruit saves calories, increases fiber and is an easy way to add an additional serving of fruit.
- Substitute nonfat plain yogurt for sour cream to decrease calories and saturated fat.
- When baking, try substituting fat-free ricotta cheese for cottage cheese or full-fat ricotta.
- Feta, Parmesan, and part-skim mozzarella are naturally lower in fat than other cheeses.
- Look for reduced fat varieties of your favorite cheese to save on calories and fat.



CONDIMENTS:

- Margarine has the same amount of fat and calories as butter. To cut harmful fat, choose margarine that is “trans fat free” and has no more than 1 gram of saturated fat per serving.
- Canola oil, with the lowest amount of saturated fat of all oils, is healthiest for primary cooking.
- Oils such as olive and peanut are best for adding flavors.
- Use “light” versions of mayonnaise or mustard to save calories in salads or sandwiches.
- The majority of fat found in peanut butter is heart healthy. Reduced-fat versions often have added sugar. It is better to stick with regular varieties. “Natural” peanut butter is best because it has no trans-fat.
- Reduced-fat salad dressings can save you a lot of calories over full fat dressings. Fat-free dressings usually contain more sugar and often do not contain fewer calories than reduced-fat dressings.



SWEETS:

- Pies: Choose fruit-based, single crust varieties when possible.
- Doughnuts: Plain glazed doughnuts are the best option; cake doughnuts are highest in fat and calories.



West Montgomery WIC — Having Their Cake & Eating Smart Too!

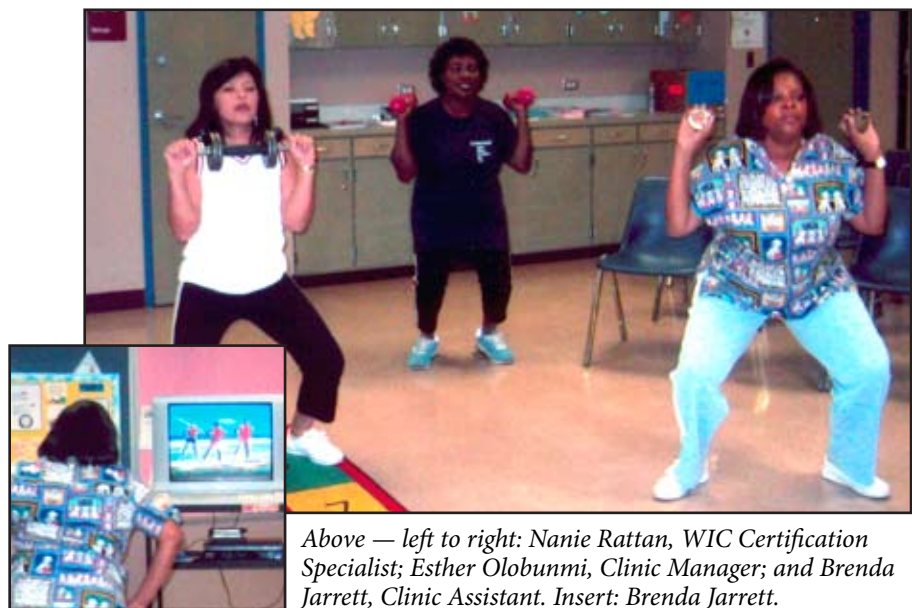
“We eat smart; we don’t diet” is the spirit behind the success of the wellness program at the West Montgomery WIC clinic. When the five co-workers joined the WIC Wellness Works program in March 2006, they were wearing their pedometers and reading the information packets regularly. “We’re all doing good and are excited about it,” says Brenda Jarrett, clinic wellness coordinator.

“Sandra Rios loves to cook, so we take turns bringing different ingredients (baked chicken, lettuce, and salad) and having a nutritious lunch together at least twice a week. What I like about the program is that we can exercise on our lunch break. By the time we get home and take our kids to practice, or cook dinner, we really don’t have time to exercise,” says Brenda.

For three months, the WIC Wellness Works participants were working-out to a low impact (20 to 30 minute) exercise video during their lunch break. In June, they upgraded to a high impact video. Even when they’re out of town or have a day off from work, the staff reminds each other, “Don’t forget your exercises.”

Regardless of when or how they are exercising, this clinic is a great model for all of us.

Visual reminders are great motivational tools to help us stay focused. Brenda created a weekly calendar listing wellness activities such as aerobics and walking.



Above — left to right: Nanie Rattan, WIC Certification Specialist; Esther Olobunmi, Clinic Manager; and Brenda Jarrett, Clinic Assistant. Insert: Brenda Jarrett.

Participants sign their initials next to the activity they do. Some participants workout at home or in a local gym, in addition to the lunchtime workout. They also exercise with family or friends outside of work. Lupe walks in the park with her husband; Brenda walks around the track with her sister; and Esther works out at home. “We all do some type of exercise,” Brenda says.

When someone feels under the weather, or the Texas allergens kick in, the co-workers encourage one another, “It’s OK. Maybe you’ll feel better tomorrow.”

Because they are “eating smart” and exercising consistently, Brenda Jarrett has dropped more than three dress sizes, and Nanie Rattan has stopped taking medication for diabetes. WIC clients have noticed these changes. In fact, one WIC client asked if one of the participants had a

face-lift. Her cheerful response was, “Now if I was going to have something lifted, it wouldn’t be my face.” Instead, she told that client how she eats smart and exercises consistently.

***“When you’re consistent
is when you see results.”***

The co-workers treat themselves once in a while. “If it’s someone’s birthday, we don’t cut back, and I like that.” This clinic reminds us that “you can enjoy your food;” it’s OK to eat a piece of cake once in a while. The co-workers at the West Montgomery clinic always have positive feedback for each other and do their best to avoid negative self-talk. “We compliment each other on how we look and feel.”

Isn’t social support amazing? See what eating smart can do for you and your clinic.

Local Agency **Spotlight**

Cell Phone to the Rescue

The hungry baby is crying. The new mother is panicking. With the “call to action” getting louder and louder, this breastfeeding mother needs help, now. And yet, she’s on hold — waiting to talk to her breastfeeding peer counselor. If ever there was a time when a minute seemed like an hour, this was it.

Cell phone to the rescue. It’s a simple concept with great results. The UTMB Montgomery County WIC Program (LA15) has incorporated the use of a cell phone for the breastfeeding coordinator and peer counselors. Moms are given the number, and when they call, they go directly to the breastfeeding counselor.

“Since we started this, we have noticed a great improvement in the number of women we are able to help. This new system allows us to catch people earlier when they are having problems. They don’t have to go through the receptionist, be transferred, get disconnected, or wait,” says Lisa Greathouse, breastfeeding coordinator at the UTMB Montgomery County WIC Program (LA15).

Peer counselor, Priscila Narvaez, on the cell phone.



The cell phone is answered Monday through Thursday from 8 a.m. to 7 p.m. and on Fridays from 8 a.m. to 5 p.m. After hours a caller can leave a message, which will be returned during working hours.

Working the cell phone is the easy part. Getting the word out is more difficult. During certification, moms are given a handout with breastfeeding referral information on one side and breastfeeding services on the other. At the top in bold print it reads, “For Breastfeeding problems call (cell #).” They also give the number to postpartum moms and class participants. They post it in classrooms and distribute it to hospital labor and delivery in-service units.

“The most successful thing we have done is to go to the hospitals and doctor’s offices. We are able to reach more people and make them aware of the program,” says Lisa.

Partnering with hospitals and doctor’s offices is one way to reach moms and have them call WIC with their breastfeeding questions. It gets them into the clinic sooner after they deliver.

It also reminds doctors that WIC is serious about mother’s milk and has the time, staff, and expertise to help moms with breastfeeding.

If your agency has a special breastfeeding cell phone, pager or hotline number, we would like to hear from you. We would especially like to know how you set up your system and any tips that would be helpful for other agencies. Email WICNewsEditor@dshs.state.tx.us

Celia Smith Remembered for Her Dedication to WIC

Celia Smith, WIC director at South Plains Community Action Association in Levelland, recently passed away.

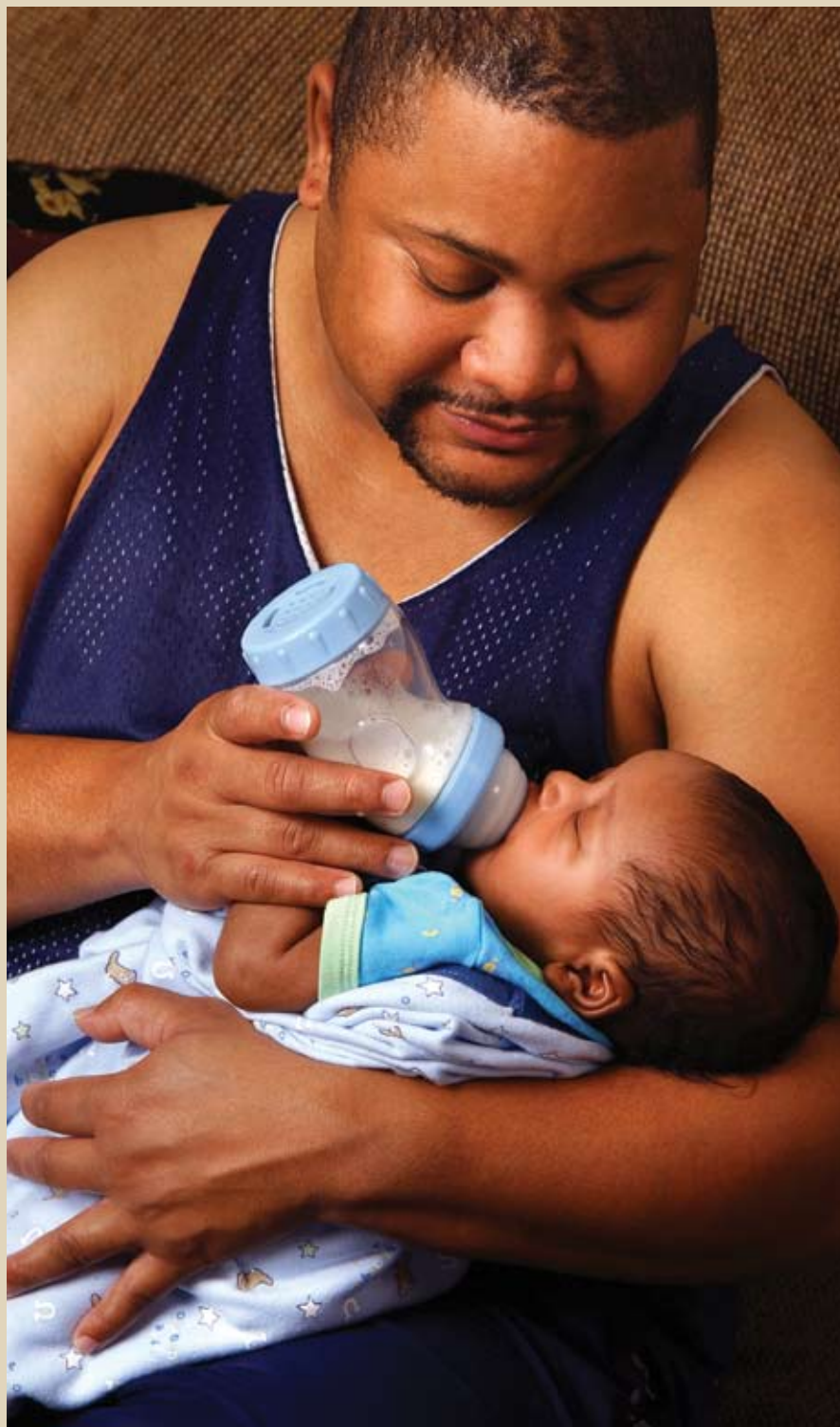
Celia began working for the South Plains Community Action WIC Program in 1991, as a nutritionist. In 1993, she became director and continued in that position until her death. It was as WIC director that she found her greatest work satisfaction because she felt like she was able to make a direct positive impact on the lives of her staff and the WIC participants.

During her time as WIC director, Celia was a member of TALWD and participated actively in TALWD activities.

A graduate of Texas Tech University with a degree in Home Economics, Celia’s career began in Farmington, New Mexico, where she taught home economics. She moved to Bakersfield, California, where she worked with the migrant council for three years, and then she moved back to her hometown of Lubbock. It was during this time that she met her husband and friend, Gary Smith.

Her colleagues and friends will always remember her as a woman who was dedicated to the WIC program. An active supporter of her community, Texas Tech, and the Panhandle Region, Celia will be greatly missed by her friends, family, colleagues, staff and the entire WIC community.

Using Concentrated Infant



By Roxanne Konze Robison, R.D., L.D.
CSHCN Nutrition Consultant

Most healthy breast or bottle-fed babies receive milk that contains about 20 calories per ounce. There are times, however, when more concentrated feedings are needed in order to ensure the baby will receive enough calories to grow. Although individual circumstances vary, the reasons for feeding concentrated formula generally fall into two categories: oral motor feeding difficulties or a medical condition that increases calorie needs above normal. More infrequently, concentrated formula is used to limit fluid intake or to feed to infants who cannot tolerate much formula at one time.

Oral Motor Feeding Problems

One example of oral motor feeding difficulty is a baby who has a cleft lip or palate. Because a good seal and suction on the nipple is not possible, the baby has to work a lot harder than normal to draw milk from the nipple. Concentrating the formula to 22, 24, 27 or more calories per ounce, depending on the baby's ability, will shorten the time needed for the baby to get the full feeding. If the formula was not concentrated, he might tire out and quit feeding before he gets the full feeding.

Weak oral musculature is common in babies who have Down syndrome or other conditions that cause the muscles to be weak around the mouth. In this case, different nipples can be tried to facilitate feeding, but concentrating feedings may still need to be done in order to shorten the amount of time it

Formula

takes to eat. The dietitian and the feeding therapist may work together to decide what works best for the baby.

Babies who have neurological damage also may not be able to suck efficiently. If the nerves that connect to the muscles of the face or tongue are affected, then the baby may have trouble feeding. Some examples of when this may occur are with cerebral palsy, intraventricular hemorrhage (brain bleed) and hydrocephaly.

Conditions that Increase Calorie Needs

Some medical conditions will increase the baby's metabolic rate, increasing their calorie needs. An example of this condition is burn patients. Because the body is trying to replace damaged tissue, calorie needs can increase dramatically. Whenever the body is healing from a wound, metabolic rate increases. Promoting "catch up growth" when recovering from an illness or failure to thrive after long periods of food deprivation are other circumstances when concentrated feedings may be useful.

When muscles are in a constant state of contraction, as with

some types of cerebral palsy, more calories are being burned all the time. Babies who have respiratory disease, such as bronchopulmonary dysplasia (BPD), expend more calories due to the increased work it takes to breathe. These babies expend more calories and may tire easily. Fluid overload can also be a problem in these babies. Concentrating formula has an additional benefit of reducing fluid intake.

Some conditions fall under both oral motor feeding problems and an increased metabolic rate, for example some forms of congenital heart disease. These babies may tire easily due to a lack of oxygen to the tissues and, because calories are not burned as efficiently, more calories are needed. Cystic fibrosis, AIDS and some cancers are examples of other conditions when calorie needs may be greater than normal.

WIC Issuance of Concentrated Formula

The only concentrated standard infant formula that is available in a ready-to-use form is Enfamil Lipil with Iron 24. This formula is available only in hospital nurseries and costs at least \$450.00 per month to provide. The same

formula can be prepared from the liquid concentrate or powder and costs less when WIC participants prepare it. Ready-to-use formula is issued only to participants whose caretaker is unable to prepare formula from liquid or powder due to a mental or physical disability or when the water supply is unsafe or unsanitary.

When issuing formula for a participant prescribed a concentrated form, WIC staff can provide mixing instructions when the prescribing physician has not already done so and the prescribing physician gives permission. Written instructions for 22 and 24 calorie per ounce can be printed from the WIC Web site. Higher concentrations, 26, 27, and 30 calorie per ounce, are available on the WIC director's site. Documentation of the exact instructions given needs to be placed in the participant's chart. Concentrations of 22 and 24 calorie per ounce are a level II approval authority and higher concentrations are level III.

Additional sample formula can be provided for participants who receive concentrated formula. The chart below shows the amounts that can be provided, if needed.

Amount of additional sample formula to provide at various calorie concentrations					
Size of can	20 kcal/oz	22 kcal/oz	24 kcal/oz	27 kcal/oz	30 kcal/oz
13 oz liquid concentrate	0	3	6	6	6
12.9 oz can of powder	0	1	2	2	2
14.3 oz can of powder	0	1	1	1	1

meet the new 2007 WIC Dietetic Interns

Daniel Aguilar

Originally from Laredo, Daniel Aguilar is a 2004 graduate of Texas State University, San Marcos, with a BSFCS in nutrition and foods. After completing the WIC dietetic internship, Daniel plans to continue serving his community. He enjoys the outdoors and being physically active.

Nancy Chu

Nancy Chu spent her childhood in the Rochester area of upstate New York. She moved to Texas at the age of 12 and has been living here ever since. A graduate of Baylor University with a major in nutrition science, Nancy is currently a nutritionist with WIC in the city of Dallas. After completing the WIC dietetic internship, she plans to take the Registered Dietitian exam and become a R.D. Nancy is also a certified personal trainer and enjoys participating in many different sports.

Angela Gil

Angela Gil works for San Antonio Metropolitan Health District. Born and raised in Austin, Angela graduated from The University of Texas at Austin. Her career goals include becoming the

breastfeeding coordinator for her project. She would like to improve San Antonio breastfeeding rates, which are among the lowest in the United States. She would like to develop a facility, such as Mom's Place, where moms can get support to be successful in breastfeeding. Angela enjoys running outdoors and just completed her first half marathon in November.

Nancy Kelada

Born in California, Nancy Kelada spent most of her childhood in Saudi Arabia and Wellington, New Zealand. She attended high school in Princeton, New Jersey; spent her freshman year of college in New York; and graduated from the University of Houston. She hopes to gain experience working as a dietitian for WIC and then attend a culinary program so she can use her skills and talents as a dietetic chef and menu planner. Ultimately, she dreams of incorporating massage therapy, Pilates, and nutrition to holistically meet the needs of people.

Jane Koshy

Originally from Galveston, Jane Koshy graduated from The University of Texas at Austin

with a degree in nutrition and a Business Foundations Certification. Upon completion of the dietetic internship, she plans to complete the registered dietitian examination, become I.B.C.L.C. licensed, and counsel high-risk clients. Hobbies include working out, shopping, and spending time with family and friends.

Christine Lister

Christine Lister grew up in the "Heart of Cajun Country" — Lafayette, Louisiana. She graduated with a B.S. in dietetics from the University of Louisiana at Lafayette in 2003. After completing the dietetic internship, Christine plans to return to the San Benito WIC clinic in Cameron County as supervisor. She hopes to be able to better educate clients with the knowledge and skills learned throughout the internship.

Nancy Martinez

Nancy Martinez grew up in Pasadena, Texas, graduated from the University of Houston, and now works for Houston Health and Human Services Department. Nancy currently lives in La Porte. After completing the internship, she looks forward to returning to



*Back Row from Left to Right: Daniel Aguilar; Angela Gil, Virna Rey, Christine Lister, Nancy Martinez
Front Row from Left to Right: Jane Koshy, Nancy Chu, Lisa Vrazel-Trant, Nancy Kelada, Venitha Rajaratnam*

WIC and becoming an integral part of the high-risk program.

Virna Liza Rey

Raised primarily in El Paso, Verna Liza Rey graduated from New Mexico State University in Las Cruces, New Mexico. After completing the dietetic internship, she hopes to attend graduate school and pursue a master's in public administration. She also wants to continue working in community nutrition; eventually working up to director of an agency that promotes nutrition and prevention

such as WIC. She enjoys spending time with her family and friends, watching movies, and going to the gym.

Venitha Rajaratnam

Originally from India, Venitha Rajaratnam graduated from the Women's Christian College, India, and Baylor University, Waco. Venitha currently lives in Woodway and works for the Waco McLennan County Public Health District. After completion of the WIC dietetic internship, she hopes to be involved in high-risk counseling,

especially for gestational diabetes and obesity. Among her blessings are her three teenage children who keep life interesting.

Lisa Vrazel-Trant

Lisa Vrazel-Trant, who grew up in the small town of Danbury, graduated from Texas A&M University in 1999, with a bachelor's in nutritional sciences. Her goal is to become a registered dietitian and to design nutrition classes for Brazoria County's WIC program. She enjoys serving her community with her skills in nutrition.

Newsworthy Nutrition

By Shirley Ellis, MS, RD
Clinic Services Program Coordinator

Progress in Preventing Childhood Obesity – How do we measure up?

A report issued in September 2006, by the National Academy of Sciences Institute of Medicine offered both encouraging and discouraging news on childhood obesity. The good news is that Americans have begun to recognize childhood obesity as a serious public health problem and short-term outcomes are being achieved. A promising practice noted in the report is that many states and school districts are undertaking efforts to improve the nutritional quality of the foods and beverages available in schools. Another promising practice is a joint initiative by industry, foundations and government called the Alliance for a Healthier Generation. The alliance has established guidelines to limit children's portion sizes and calories from sweetened beverages during the school day.

The discouraging news is that although positive steps are underway, it remains difficult to fully evaluate the effectiveness of interventions. This is because national leadership is lacking and most of the policies and programs are not being adequately evaluated. According to the report, changes in health outcomes of children and youth, which are measured by body mass index, will require years of sustained efforts, systematic evaluation and adequate resources. Further discouraging news is that

the obesity rate for children and youth continues to increase. In the past two years the U.S. obesity rate for children and youth has increased from 16 to 17.1 percent and is projected to rise to 20 percent by 2010.

The report recommends that in order to reduce childhood obesity, focus should be on four key steps.

1. Increased and sustained leadership and commitment from federal, state and local governments (This includes task forces at all levels to determine

priorities for action.)

2. Broader implementation and evaluation of policies and programs through independent, periodic evaluations of industry's efforts to promote healthier lifestyles
3. Improved monitoring and surveillance of progress of the programs
4. Wider dissemination of promising practices

The report concludes by stating that given the diverse and varied nature of American's communities



“... many states and school districts are undertaking efforts to improve the nutritional quality of the foods and beverages available in schools.”

and population, it is difficult to provide a concise update on childhood obesity. However, awareness of the problem has been raised and efforts have begun to manage the issue. A long-term commitment involving widespread changes is necessary to achieve the necessary results.

WIC Bottom Line: By utilizing nutrition education resources such as the FitKids materials, WIC continues to play a vital role in the prevention of childhood obesity.

The full report can be assessed by visiting <http://www.rwjf.org/research/researchdetail.jsp?id=3029&ia=138>.

Source:
IOM (Institute of Medicine). 2006. Progress in Preventing Childhood Obesity. How do we measure up? Institute of Medicine. Washington DC: National Academy Press.

The Influence of Restaurant and Prepackaged Food Serving Sizes on What is Considered Normal Portion Sizes

Americans are continuing to gain weight at an alarming rate. An estimated 97 million adults in the United States are considered overweight or obese. There are many factors that contribute to this trend including a decrease in physical activity as well as an increase in calories consumed. One of the primary factors thought to contribute to the increase in calories consumed is the increase in portion sizes. Studies have shown that individuals do consume more food and calories as the size of the portion increases. Additionally, portion sizes served in restaurants and available in pre-packaged food items have increased, possibly resulting in a distorted perception of what constitutes a food serving.

A study published in the October 2006 Journal of the American Dietetic Association examined what affect the increase in portion sizes is having on Americans. The purpose of the study was to determine typical portion sizes selected, how typical portion sizes compared with reference portion sizes and if the size of typical portions has changed overtime. The study consisted of 177 participants, 75 percent female, ranging in age from 16 to 26 years of age.

The study found that the participants were not aware of how their typical portion sizes compared with standard reference sizes. In other words, the participants were not aware they were consuming more than what was considered a typical serving for a particular food. This lack of awareness could result in individuals having difficulty in weight management. Another result of the study was that participants selected larger servings than those selected by young adults in a similar study conducted 20 years ago. This supports the hypothesis that the size of portions served in restaurants and in pre-packaged foods is distorting what is considered as a typical serving size. This distortion may be leading to the consumption of larger portions at home ultimately resulting in an expansion of American's waistline.

WIC Bottom Line: Counselors advising WIC participants should be aware that food industry portion sizes may be distorting what is viewed as a normal serving size. WIC staff needs to provide guidance about consuming normal serving sizes and avoiding larger portions which may result in weight gain.

Sources:
Schwartz, J., C. Byrd-Bredbenner. 2006. Portion Distortion: Typical Portion Sizes Selected by Young Adults. J Am Diet Assoc. 106:1412-1417.

National Institutes of Health, National Heart Lung and Blood Institute, North American Association for the Study of Obesity. 2002. The practical guide: Identification, evaluation, and treatment of overweight and obesity in adults. Washington DC: NIH Publication No. 02-4084.



“... participants were not aware they were consuming more than what was considered a typical serving for a particular food.”

WIC PROMOTES BREASTFEEDING WITH A SONG



by Judy Fraley, Breastfeeding Coordinator
Local Agency 26, City of Houston

Local Agency 26, City of Houston, hosted an in-service to celebrate World Breastfeeding Day on August 1, 2006. The annual breastfeeding in-service provided breastfeeding training to all WIC employees. The in-service

featured fifteen posters prepared by WIC site employees.

Each poster addressed one of the top nine reasons, identified in the Department of State Health Services (DSHS) Infant Survey, that women give for not breastfeeding

or stopping breastfeeding before the recommended time of one year or longer. The poster, *How Do I Know My Baby Is Gaining Enough Weight?* prepared by Aldine WIC employees Soudabeh Nili, Diana Almanza, Araceli Dominguez, Sylvia Gloria, Tyffanny Harland and Glennora Johnson, won first prize.



Aldine WIC Center's exhibit won the poster contest. From left: Judy Fraley, breastfeeding coordinator; Glennora Johnson, peer counselor; Soudabeh Nili, site manager; and Tyffanny Harland of Aldine WIC.

Barbara Wilson-Clay, International Board Certified Lactation Consultant (I.B.C.L.C.) and co-author of *The Breastfeeding Atlas*, spoke on challenges facing the breastfeeding mother and infant. Her presentation, with accompanying video, was based on situations she had encountered as a lactation consultant.

Mary Walker, R.N.C., M.S., I.B.C.L.C.,



associate professor at Lamar University and doctoral candidate at Texas Women's University, spoke on the effects of supplemental formula on the duration of breastfeeding.

Breastfeeding peer counselors, with the help of Warren Fikes, inventory control clerk, Katrina Patrick, administrative aide and Janet Bonner, assistant breastfeeding coordinator, had employees grooving and waving their arms as this talented group performed two songs with lyrics changed to promote and support breastfeeding. One song, "You Should Let Me Nurse You," was sung to the tune of "Let Me Love You" by Mario and the other was inspired by "Be Without You" by Mary J. Blige. WIC employees will never again hear these two popular R & B tunes without thinking of breastfeeding!

Janet Bonner, who changed the lyrics, gives permission to all to use the lyrics in their efforts to promote breastfeeding.

Let Me Nurse You

Lyrics by Janet Bonner

Mommy I just don't get it, Do you enjoy being hurt?
I know you feel engorgement, The leaking through your shirt.
I've heard the formula stories, I know that they're all lies,
Bad as it is, it's still around, and I just don't know why.

Every little babe deserves the best. Please don't make me beg,
Give up the breast. With the proper latch, I'll do the rest.
Every night, you're doing me right.

I'm the kind of kid who needs these things
For the healthy start your milk will bring
Mommy, you're a star
We can do it wherever we are

You should let me nurse you. You should be the one who gives me
everything I want and need.
Your milk gives me full protection. That would be my selection. The
best gift that you'll ever give to me...

Mommy you should let me nurse you, nurse you, nurse you.
Nurse you, yeah.

Listen
Breast milk defies description, Nothing like it on Earth.
Foremilk or hind, it's all mine
And it's a shame, don't even know what it's worth

Everywhere we go they stop and stare, cause we're bad and they
know
From your caring it shows that you're in control.
Mommy, You know...

Every little babe deserves the best. Please don't make me beg,
Give up the breast. With the proper latch, I'll do the rest.
Every night, you're doing me right.

I'm the kind of kid who needs these things
For the healthy start your milk will bring
Mommy, you're a star
We can do it wherever we are

You should let me nurse you. You should be the one who gives me
everything I want and need.
Your milk gives me full protection. That would be my selection. The
best gift that you'll ever give to me...

This is the gold standard, mom
It's perfect in every way.
I'm glad we're in this together, mom
So we can do this thing right

You should let me nurse you...



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